

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002

Environmental Health Division (413) 259-3078

MAIN Office (413) 259-3077 Fax (413) 259-2404

www.amherstma.gov

RENEWAL FOOD ESTABLISHMENT APPLICATION

Name of Establishment _____ Date _____

Business Address _____ Business Phone _____

Mailing Address (if different) _____

Owner _____ Owner's Phone _____

Address of Owner _____

Name & Title of Applicant (if different from Owner) _____

If Corporation or partnership, give name, title & home address of each officer or partner. Attach additional paper if needed.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Home Phone</u>
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_____	_____	_____	_____
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<u>State of Incorporation</u>	<u>Name & Address of Local Agent</u>
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_____	_____
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Emergency Response Person: Name _____ Home phone _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Bakery	150.00	<input type="checkbox"/> Annual	_____
Catering	150.00		_____
Food Establishment	300.00	<input type="checkbox"/> Temporary	_____
Food Service Plan Review	200.00		_____
Frozen Dessert	100.00		_____
Mobil Food*	125.00		_____
Residential Kitchen	75.00		_____
Retail	200.00		_____
Special Events/Temporary	50.00/40.00 non-profit		_____
*Sani-cans	150.00		_____
Supermarket	900.00		_____

Total _____

Please Note The Following Late Fees Will Be Enforced

First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.00

No Charge for Initial Inspection & First Re-inspection. \$75.00 Each Inspection Thereafter.

See over for additional information and signatures→

ADDITIONAL INFORMATION

Water Source ☐ Town ☐ Well **Sewage Disposal** ☐ Town ☐ Private **Grease Trap** ☐ Yes ☐ No

Days & Hours of Operation _____ **Number of Seats** _____

Food Being Served: _____

Persons Trained as Certified Food Protection Managers ☐ Yes ☐ No **How Many?** _____

Please list:

Name _____ Name _____ Name _____

Name _____ Name _____ Name _____

IN ORDER TO RECEIVE YOUR 2011 FOOD LICENSE: Copies of the Certified Food Protection Manager Certification Must Be Included With Your Application!

Persons Trained in Food Allergen Awareness Act ☐ Yes ☐ No **How Many?** _____

Please list:

Name _____ Name _____ Name _____

Name _____ Name _____ Name _____

*******Must Submit Copies of Food Allergy Awareness Video Training Certification for Each Individual*******

Persons Trained in Anti-Choking Procedures (if 25 seats or more) ☐ Yes ☐ No **How Many?** _____

Please list:

Name _____ Name _____ Name _____

Name _____ Name _____ Name _____

*******Must Submit Copies of Anti-Choking Certifications for Each Individual*******

***MOBILE FOOD UNITS OR PUSHCARTS**

☐ **COPY OF PEDDLAR'S LICENSE** ☐ **LIST OF HAND WASHING AND TOILET FACILITIES**

Submitted Applications to: ☐ **Board of Selectman** ☐ **Fire** ☐ **Police**

TEMPORARY PERMIT

Start Date: _____ **End Date:** _____

✓ **Signature of Applicant**

Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all State Taxes required under law.

√ Signature of Individual or Corporate Name

By _____
Corporate Officer (if applicable) Social Security Number or Federal Identification Number

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. ☐ I am an employer providing the following workers compensation coverage for my employees:
_____ (Policy # / Insurance Company)
2. ☐ I am not required to have workers' compensation insurance under M.G. L. c. 152, Sect. 25 (c) (6)

***Any applicant who checks #1 above must also complete and submit the Worker's Compensation Affidavit.**

PAYMENT IS DUE WITH COMPLETED APPLICATION

**Return to: Environmental Health Services
Attn: License Application
Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002**

Make Check Payable to: Town of Amherst